

HB 5486

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I'd first like to thank the committee for allowing me to be heard on a very important issue contained in **HB 5486, "AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PRESCRIPTION DRUGS AND BREAST THERMOGRAPHY"**. I am here as a representative of US Pain Foundation, a Connecticut resident, and most importantly, as a patient with a chronic illness.

I am currently experiencing an issue which is directly related to Section 1 of HB 5486. I have been dealing with an as yet undiagnosed neuromuscular disorder for over 19 years. It affects those muscles closest to my torso, the proximal muscles. My diaphragmatic muscle is the most noticeably weakened muscle. Because of this, I have bi-lateral restrictive lung disease. That is, I am not strong enough to adequately expand my rib cage to inhale. It causes reduced lung capacity, which makes me susceptible to respiratory infection. I have long suffered from chronic upper respiratory infections such as sinus infections, and for that reason I was referred to an immunologist in 2006. Following blood testing for my immune system I was diagnosed with Primary Immune Deficiency, sometimes referred to as Common Immune Deficiency. At the time of my initial visit to the immunologist I was averaging at least 7 sinus infections per year. Following the diagnosis it was determined that I would most likely benefit from an immunoglobulin medication which was delivered via intravenous treatment once every 4 weeks. My immunologist felt that the brand Gamunex would yield the most benefit for me.

I began the "IVIG" in November of 2006, receiving the first 2 treatments at Yale. I subsequently began to have the treatments at home. I received 35 grams of Gamunex via IV every 4 weeks. It was given over 5 hours using a Curlin pump which could be carried in its' own "fanny pack" and I was able to go about my

business. Each time, a nurse would start my IV, wait to be sure it was being delivered through the pump without problems, then leave. I became adept at removing the IV at the end of my treatment, disposing of necessary supplies, and continuing on my day.

During the time I received the IVIG, November 2006 – March of 2011, I had just 3 sinus infections. This was compared to the average 7 or more per year prior to 2006. I might add that in the year since stopping the IVIG I have had a minimum of 7-9 infections which may or may not respond to antibiotics. Both the bacterial and viral infections are helped by this medication as it increases my own immune system. When I have an upper respiratory infection, it is usually fairly debilitating as my breathing is adversely affected, and my chronic pain level rises. A possible additional benefit was that the progression of my muscle weakness and balance issues seemed to be slowed. While I didn't plan on this benefit, I was aware that it was possible. The same Gamunex I receive is also used to help patients with Multiple Sclerosis, and other neuromuscular disorders. Since stopping my treatments nearly 1 year ago, my strength and balance have had a marked decline. My falls have increased, and while my service dog is specially trained to help with my weakness, balance, and falls, they remain issues of safety. Due to a change in my insurance, I was unable to keep up with the deductible and was unable to pay the \$350.00 every 4 weeks and was forced to stop the treatments.

I am in the process of changing my health insurance to Medicare as I am eligible due to my disability. Under the current drug formulary for BC/BS, for example, the Gamunex is classified as a "Tier 6" drug. As a "Tier 6" drug, I would be responsible for 33% of the cost, every 4 weeks. That would be a cost of approximately \$1,000.00, again, every 4 weeks. It also means that some months may have 2 treatments totaling \$2,000.00. Most definitely out of the realm of possibility for me as the \$350.00 for one prescription out of 12-14 was impossible.

Section 1 of HB 5486 addresses this pressing issue. Under the "Specialty Tier" system, most of the "Upper Tier" medications are either drugs necessary to keep ones' health status stable, or life-saving medications which individuals literally require to live. Under HB 5486, an individual will only be responsible for \$1,000.00 annually out-of-pocket; a family, \$2,000.00. This allows for individuals with chronic health conditions, such as me, to have access to the medication they require.

Cost-sharing amounts during the Initial Coverage Stage

	Network Retail Pharmacy (up to a 30-day supply) Out-of-Network Pharmacy* (up to a 30-day supply) Long-Term-Care Pharmacy (up to a 34-day supply)	Network Retail Pharmacy (up to a 90-day supply) <i>Note: not applicable to Specialty Tier Drugs</i>	Mail-Order Pharmacy (up to a 90-day supply; Specialty Tier Drugs (up to a 30-day supply)**
Tier 1 Preferred Generic Drugs	\$0.00	\$0.00	\$0.00
Tier 2 Non-Preferred Generic Drugs	\$5.00	\$15.00	\$7.50
Tier 3 Preferred Brand Drugs	\$42.00	\$126.00	\$105.00
Tier 4 Non-Preferred Brand Drugs	\$80.00	\$240.00	\$200.00
Tier 5 Injectable Drugs	33%	33%	33%
Tier 6 Specialty Tier Drugs	33%	N/A	N/A

* Generally, we only cover drugs filled at out-of-network pharmacies in limited, nonroutine circumstances, when a network pharmacy is not available. If your cost sharing is a set copayment amount rather than a coinsurance (a percentage of the costs), in addition to your copayment at an out-of-network pharmacy, you pay the difference between the actual charge and what we would have paid at a network pharmacy. So, amounts you pay may vary at out-of-network pharmacies.

** EXCEPTION for Specialty Tier Drugs: Mail-order and retail pharmacies will dispense up to a 30-day supply – or up to a 34-day supply if requested by a long-term-care facility.

Anthem MediBlue Preferred Standard (PPO) provides generic gap coverage and a discount on brand-name drugs, as mandated by Medicare. Please refer to our *Evidence of Coverage* for more information about gap coverage.

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S-D INJ	6	MO, PAR
GAMUNEX INJ	6	MO, PAR
GAMUNEX-C INJ	6	MO, PAR
GARDASIL INJ	3	MO
GENOTROPIN MINIQUICK 0.2 MG INJ	5	MO, PAR
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE INJ	6	MO, PAR
HAVRIX INJ	3	MO
HIBERIX INJ	3	MO
HIZENTRA 1 GRAM/5 ML VIAL INJ	6	PAR
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL INJ	6	MO, PAR
HUMATROPE INJ	6	MO, PAR
ILARIS INJ	6	MO, PAR
IMOVAX RABIES VACCINE INJ	3	MO
INCRELEX INJ	6	LA, PAR
INFANRIX INJ	3	MO
INFANRIX PF INJ	3	MO
INFERGEN INJ	6	MO, PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL INJ	5	MO, PAR
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	6	MO, PAR
IPOLE INJ	3	MO
IXIARO INJ	3	MO

Drug Name	Drug Tier	Requirements/ Limits
JE-VAX INJ	3	MO
KEPIVANCE INJ	6	LA
KINERET INJ	6	MO, PAR, QLL (28/28)
KINRIX INJ	3	MO
LEUKINE INJ	6	MO, PAR
MENACTRA INJ	3	MO
MENOMUNE-A-C-Y-W-135 INJ	3	MO
MENVEO A-C-Y-W-135-DIP	3	
M-M-R II VACCINE INJ	3	MO
NEULASTA INJ	6	MO, PAR, QLL (2 syringes/28)
NEUMEGA INJ	6	MO, PAR, QLL (21 vials/21)
NEUPOGEN INJ	6	MO, PAR
NORDITROPIN FLEXPON INJ	6	MO, PAR
NORDITROPIN NORDIFLEX 30 MG/3 INJ	6	PAR
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLEX 10 MG/1.5, -NORDIFLEX 15 MG/1.5 INJ	6	MO, PAR
NUTROPIN INJ	6	MO, PAR
NUTROPIN AQ INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 5 PEN CART INJ	6	PAR
OMNITROPE INJ	6	MO, PAR
PEDIARIX INJ	3	MO
PEDVAXHIB INJ	3	MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	6	MO, PAR
PEGASYS 180 MCG/ML VIAL INJ	6	PAR
PEGINTRON INJ	6	MO, PAR
PEGINTRON REDIPEN INJ	6	MO, PAR